



A NATIONAL PROGRAM
OF BRAILLE INSTITUTE

IOWA REGIONAL BRAILLE CHALLENGE

Des Moines — January 30, 2016

Cohosted by Iowa Library for the Blind and Physically Handicapped
and Iowa Braille School

2016 PERMISSION FORM

Must be signed by parental/legal guardian and returned by **January 15, 2016** to Iowa Library for the Blind and Physically Handicapped, Attn: Leslie Heinzler, 524 Fourth St. Des Moines, IA 50309. Only contests submitted with a signed permission form attached will be eligible for the Braille Challenge® Finals at Braille Institute®.

Please print legal name clearly and fill out completely

*** Required fields**

* Last Name _____ * First Name _____

* Address _____ Apt. No. _____

* City _____ * State _____ * ZIP _____

* Birthdate _____ * Age _____ * Grade _____ * Telephone _____

* E-mail _____ Alternate phone _____

Adult attending with student _____ ☐ TVI ☐ Parent ☐ Para

T-Shirt Size **Youth:** ☐ X-Small ☐ Small ☐ Medium ☐ Large
Adult: ☐ Small ☐ Medium ☐ Large ☐ XL ☐ XXL ☐ XXXL

TO BE COMPLETED BY TEACHER OF THE VISUALLY IMPAIRED (Please fill out completely)

Name of Teacher of the Visually Impaired _____

Teacher's Email _____ Teacher's Phone _____

Regional Coordinator Name (if applicable) _____

Mark one:

Student Contest Level: ☐ App ☐ Fresh EBAE ☐ Fresh UEB ☐ Soph ☐ JV ☐ Varsity
(NOT Grade in School) Grades 1–2 Grades 3–4 Grades 5–6 Grades 7–9 Grades 10–12

☐ At Grade Level **Or** ☐ Below Grade Level (BGL) *(If Apprentice BGL ☐ Contracted **or** ☐ Uncontracted)

*Students who take a contest below their academic grade level in school or who take the uncontracted Apprentice contest are not eligible to attend the Finals.

CONTENT RELEASE

☐ I hereby give permission to Iowa Library for the Blind and Physically Handicapped ("ILBPH"), Iowa Braille School, and Braille Institute of America, Inc. ("BIA"), for my child to participate in The Braille Challenge preliminary contest. I understand that if my child qualifies, he or she is eligible to attend The Braille Challenge final contest in Los Angeles on June 18, 2016.

PHOTOGRAPHIC RELEASE

☐ I hereby authorize ILBPH, Iowa Braille School, and BIA to photograph, videotape, or otherwise record by visual, audio, electronic or manual means, the visual likeness and/or voice or other sounds created by the above named contestant (collectively "Reproductions"). ILBPH, Iowa Braille School, and BIA may use or permit to be used the Reproductions in any CD, DVD, exhibition, display, publication, solicitation or promotional or educational material or on any website including without limitation BIA's website, Facebook, or YouTube without compensation to the contestant, the contestant's heirs, successors or assigns.

Parent's Print Name _____ Signature _____